



06-29-05

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1636

Express Mail No. ED 884 288 807 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: SAH et al.

Confirmation No.: 8421

Application No.: 09/134,771

Art Unit: 1636

No.:

Filed: August 12, 1998

Examiner: Kaushal, Sumesh

For: HUMAN MESENCEPHALON CELL
LINES AND METHODS OF USE
THEREFOR

Attorney Docket No:
10624-009-999
(CAM: 700755-999008)

TRANSMITTAL OF REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the Rules of Practice, please consider the following remarks. Applicants respectfully request entry of the enclosed Revocation and Power of Attorney executed by Alan J. Lewis on behalf of Signal Pharmaceuticals, LLC. Please note the attached Limited Liability Company Articles of Organization (California) evidencing the change of name of Signal Pharmaceuticals, Inc. to Signal Pharmaceuticals, LLC.

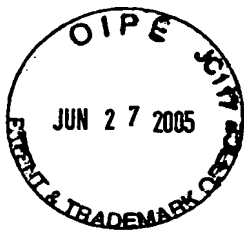
Applicants do not believe there is a fee due in connection with this submission. However, should the Patent and Trademark Office determine otherwise, please charge the required fee to Jones Day Deposit Account No. 503013.

Respectfully submitted,

Date: June 27, 2005

By Lawrence S. Graham Reg. No. 49,020
For: Anthony M. Insogna Reg. No. 35,203

JONES DAY
222 East 41st Street
New York, New York 10017-6702
(212) 326-3939



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(formerly
860098.425)

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Signal Pharmaceuticals, LLC (applicant or assignee) hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number 20583

as his/her/its/their attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

☒ The above mentioned Customer Number.

☒ Firm or Individual Name:

Address: Jones Day, 222 East 41st Street, New York, New York 10017

Telephone: (212) 901-9028

I am the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
(Statement under 37 CFR 3.73(b) is applicable)

Statement Under 37 C.F.R. 3.73(b)

Signal Pharmaceuticals, LLC states that it is:

- ☒ the assignee of the entire right, title, and interest; or
☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office on
10/21/1998 at Reel 9537, Frame 0520, or for which a copy thereof is attached.

Signal Pharmaceuticals, Inc., the entity to which the subject patent was assigned, has changed its name to Signal Pharmaceuticals, LLC, as evidenced by the attached documents.

OR

- ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

2. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

3. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

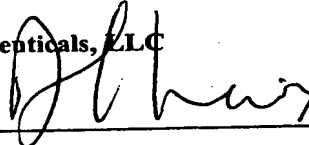
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: Signal Pharmaceuticals, LLC

Date:

1/13/05

Signature:



Typed Name:

Alan J. Lewis

Position/Title:

President

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

- ☐ Total of forms are submitted.

State of California



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 12 2003



Kevin Shelley

Secretary of State



State of California
Kevin Shelley
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 04 2003

KEVIN SHELLEY
Secretary of State

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER
200312210170

2. NAME OF LIMITED LIABILITY COMPANY
Signal Pharmaceuticals, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):

- ☐ ONE MANAGER
☒ MORE THAN ONE MANAGER
☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:

D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

FUTURE EFFECTIVE DATE, IF ANY:

MONTH

DAY

YEAR

NUMBER OF PAGES ATTACHED, IF ANY:

IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

DATE

Robert J. Hugin member
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

RETURN TO:

NAME Andrew Eitingon
FIRM Proskauer Rose LLP
ADDRESS 2049 Century Park East, Suite 3200
CITY/STATE Los Angeles, California
ZIP CODE 90067





SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY - 6 2003



Kevin Shelley
Secretary of State

00705421



State of California
Kevin Shelley
Secretary of State

200312210170

File #

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

APR 28 2003

KEVIN SHELLEY
Secretary of State

This Space For Filing Use Only

**LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION - CONVERSION**

IMPORTANT — READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CONVERTED ENTITY INFORMATION

1. NAME OF LIMITED LIABILITY COMPANY
Signal Pharmaceuticals, LLC
2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.
3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONLY ONE)

☐ ONE MANAGER ☐ MORE THAN ONE MANAGER ☒ SINGLE MEMBER LIMITED LIABILITY COMPANY ☐ ALL LIMITED LIABILITY COMPANY MEMBERS

4. TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY (FOR INFORMATIONAL PURPOSES ONLY)
Biopharmaceutical

5. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE
4550 Towne Centre Court
CITY AND STATE
San Diego, CA
ZIP CODE
92121

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.
☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME Alan Lewis

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA, IF AN INDIVIDUAL
5555 Oberlin Drive
CITY
San Diego
STATE
CA
ZIP CODE
92121

CONVERTING ENTITY INFORMATION

8. NAME OF CONVERTING ENTITY
Signal Pharmaceuticals, Inc.
9. FORM OF ENTITY
Corporation
10. JURISDICTION
California
11. CA SECRETARY OF STATE FILE NUMBER, IF ANY
C1825592
12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING:

NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE	PERCENTAGE VOTE REQUIRED
1,000 shares of common stock	66.67

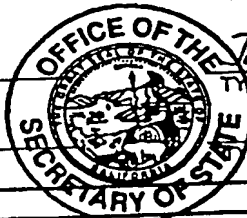
ADDITIONAL INFORMATION

13. NUMBER OF PAGES ATTACHED, IF ANY: _____ THE ATTACHED PAGES ARE INCORPORATED HEREIN BY THIS REFERENCE.

14. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON



John W. Jackson Chief Executive Officer
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

Robert J. Hugin Chief Financial Officer
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON